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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration Submitted with Initial Filing
OR
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	1/1359
First Named Inventor	Horst DOLLINGER
COMPLETE IF KNOWN	
Application Number	10 / 614,363
Filing Date	07/07/2003
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

1-Phenyl-1,2-Diaminoethane Derivatives As Modulators Of The Chemokine Receptor Activity

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 07/07/2003 as United States Application Number or PCT International

Application Number 10/614,363 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
EP 02425454.2	EP	07/10/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	NO <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/412,910	09/23/2002	

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiari	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.Direct all correspondence to: ☒ Customer Number or Bar Code Label **28501** OR ☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Horst		DOLLINGER	
Inventor's Signature	Date		08/18/03
Residence: City	Schemmerhofen	State	Country Germany
Post Office Address	Schemmerberger Steige 1		
Post Office Address			
City	Schemmerhofen	State	ZIP 88433
		Country	Germany

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Franz		BIRKE	
Inventor's Signature <i>F. Birke</i>		Date <i>August 29, 2003</i>	
Residence: City	Ingelheim	State	Country Germany
Mailing Address		Citizenship DE	
Albrecht-Duerer-Strasse 21			
Mailing Address			
City	Ingelheim	State	ZIP 55218
Country		Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pascale Arielle Jane-Josée		POUZET	
Inventor's Signature <i>P. Pouzet</i>		Date <i>08-28-2003</i>	
Residence: City	Biberach	State	Country Germany
Mailing Address		Citizenship FR	
Kappenzipfel 4			
Mailing Address			
City	Biberach	State	ZIP 88400
Country		Germany	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Enzo		CEREDA	
Inventor's Signature		Date	
Residence: City	Novi Ligure	State	Country Italy
Mailing Address		Citizenship IT	
Via Monte Sabotino 29 A			
Mailing Address			
City	Novi Ligure	State	ZIP I-15067
Country		Italy	

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Case No. 1/1359

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DECLARATION
ADDITIONAL INVENTOR(S)
Supplemental Sheet
 Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Monica		QUAI	
Inventor's Signature		Date	
Residence: City Milano	State	Country Italy	Citizenship IT
Mailing Address Via Pick Mangiagalli 8			
Mailing Address			
City Milano	State	ZIP I-20141	Country Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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**DECLARATION FOR UTILITY OR
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PATENT APPLICATION
(37 CFR 1.63)**☐ Declaration
Submitted
with Initial
Filing
OR
☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 1/1359

First Named Inventor Horst DOLLINGER

COMPLETE IF KNOWN

Application Number 10 / 614,363

Filing Date 07/07/2003

Group Art Unit

Examiner Name

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EP 02425454.2	EP	07/10/2002	<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed belowPlace Customer
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Name	Registration Number	Name	Registration Number
Robert P. Raymond	25,089	Susan K. Pocchiarl	45,016
Alan R. Stempel	28,991	Philip I. Datlow	41,482
Mary-Ellen M. Devlin	27,928	Timothy X. Witkowski	40,232
Anthony P. Bottino	41,629	David A. Dow	46,124

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

☒ Customer Number
or Bar Code Label

28501

OR

☐ Correspondence address below

Name			
Address			
Address			
City	State	ZIP	
Country	Telephone	Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Horst		DOLLINGER	
Inventor's Signature			Date
Residence: City	Schemmerhofen	State	Country Germany Citizenship DE
Post Office Address	Schemmerberger Steige 1		
Post Office Address			
City	Schemmerhofen	State	ZIP 88433 Country Germany

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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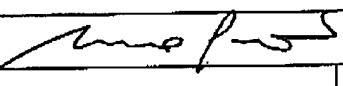
DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Franz		BIRKE	
Inventor's Signature		Date	
Residence: City	Ingelheim	State	Country Germany
		Citizenship DE	
Mailing Address Albrecht-Duerer-Strasse 21			
Mailing Address			
City	Ingelheim	State	Country Germany
		ZIP	55218
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Pascale Arielle Jane-Josée		POUZET	
Inventor's Signature		Date	
Residence: City	Biberach	State	Country Germany
		Citizenship FR	
Mailing Address Kappenzipfel 4			
Mailing Address			
City	Biberach	State	Country Germany
		ZIP	88400
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Enzo		CEREDA	
Inventor's Signature <i>Enzo Cereda</i>		Date <i>Sept 05, 2003</i>	
Residence: City	Novi Ligure	State	Country Italy
		Citizenship IT	
Mailing Address Via Monte Sabotino 29 A			
Mailing Address			
City	Novi Ligure	State	Country Italy
		ZIP	I-15067

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Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Monica		QUAI	
Inventor's Signature 		Date 09/05/03	
Residence: City Milano	State	Country Italy	Citizenship IT
Mailing Address Via Pick Mangiagalli 8			
Mailing Address			
City Milano	State	ZIP I-20141	Country Italy
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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